

08/16/01



U.S. PTO

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EXPRESS MAIL CERTIFICATE

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I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express Mail Post Office to Addressee" service.

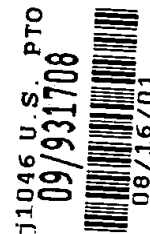
D. Davis

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D. Davis

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07278

PATENT TRADEMARK OFFICE

Docket No: 3191/OJ589

DARBY & DARBY P.C.

805 Third Avenue
New York, New York 10022
212-527-7700

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, DC 20231

Sir:

Enclosed please find an application for United States patent as identified below:

Inventor/s (name ALL inventors): Wolfgang Reik; Thomas Rammhofer;
Matthias Zink

Title: **POWER TRAIN FOR USE IN MOTOR VEHICLES AND THE LIKE**

including the items indicated:

1. Specification and 50 claims: 2 indep.; 48 dep.; _ multiple dep.; including 67 page(s) of written description; 14 page(s) of claims; 1 page(s) of abstract.
2. ☒ Drawings, 3 sheets (Figs. 1-7)
3. ☒ Executed Declaration/Power of Attorney
4. ☒ Assignment for recording to: LuK Lamellen und Kupplungsbau Beteiligungs KG

[X] Pursuant to 37 C.F.R. §1.215(b), please print the following assignment information on the face of the published application:

Assignee: LuK Lamellen und Kupplungsbau Beteiligungs KG

5. [X] Priority is claimed under 35 U.S.C. §119(b) of:

Country: Federal Republic Germany
Number: 100 40 168.6
Date: 17 August 2000

A certified copy of the prior document [X] is enclosed.

6. [X] Payment in amount of \$1,290.00 (\$710.00 filing; \$40.00 recording; 30 additional claims \$540.00;) in the form of
[X] check
[] deposit account no. 04-0100
[] credit card (see attached form)
(See attached **Fee Computation Sheet**)

7. [X] Information Disclosure Statement

Date: August 14, 2001

Respectfully submitted,



Edward J. Ellis
Registration No. 40,389
Attorney for Applicant(s)

Serial No. To be assigned

Docket No. 3191/OJ589

PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate
Basic Fee				\$710.00
Total Claims	50 - 20	- 0 = 30	x \$18.00	\$540.00
Independent Claims	2 - 3	- 0 = 0	x \$80.00	\$0.00
Multiple Dependent Claims		- if so, add	\$270.00	\$0.00
SUBTOTAL				\$1250.00
Fee for recordation of assignment (\$40.00)				\$40.00
TOTAL				\$1290.00